

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35						
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

*S*

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TOTAL DEP.

*23*

↓

TOTAL CLAIMS

*31*

↓

TOTAL IND.

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